

Early Childhood Development (ECD) Program

Monitoring & Evaluation Framework

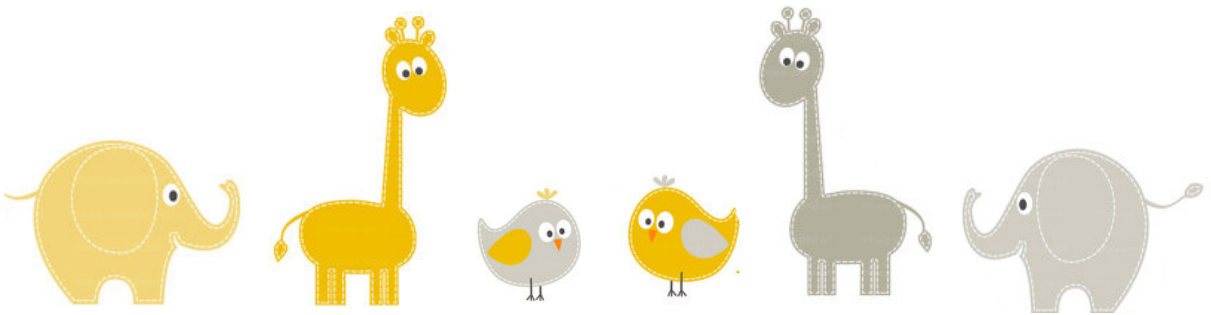


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Purpose of the Document

The purpose of this document is to review and summarize the monitoring & evaluation (M&E) process for the Early Childhood Development (ECD) program, which has evolved over a period of time during the implementation of the program by Swabhimaan and Interaide since 2003. This document is an attempt to summarize the learning from the monitoring process of the ECD program so far and to describe how the process of monitoring and evaluation could be strengthened further to help the ECD partner organizations to develop a robust and comprehensive Monitoring & Evaluation framework for the program in future. The process of developing this framework has been participatory in nature, which involved extensive consultations with the ECD partner organizations, especially the field staff working on the program at different levels.

The goal of this Monitoring & Evaluation framework is to develop and establish an integrated and well-coordinated program review cycle to ensure collection of supportive data as well as lessons learned from the field to inform the program design, to think through the implementation strategies and eventually to strengthen the processes of program planning and decision-making at all levels. This framework explains how the ECD program is supposed to work in future by mapping out the program objectives to the desired outcomes and eventually to assess whether the program has been able to attain its identified goals and objectives. This document is prescribed merely as a reference guide for the ECD partner organizations to help them develop an overall understanding of the ECD program monitoring and evaluation process and suggestions / pointers for developing their customized monitoring and evaluation framework in future as per the tailor-made design and implementation of the ECD program in the communities.

ECD Program – Need for Monitoring & Evaluation Framework

Background – M&E Past Efforts

The ECD program, during its design and implementation and stages, was constantly monitored and evaluated for the purpose of program improvement by using a series of M&E tools, which have been evolved periodically and implemented by using trial-and-error approach for pre- and post-evaluation analysis of ECD program during different program cycles. The implementation of the ECD program during its experimental stage varies with different organizations and communities; it was not possible to implement a standard framework for monitoring and evaluation.

The monitoring and evaluation process for ECD comprises mainly of pre- and post-entry questionnaires, focus group discussions or certain games to assess the pre and post knowledge, skills and attitudes of the program participants towards parenting and child development. The format of the pre- and post-entry questionnaire varies from organization to organization. The focus for evaluation of ECD program so far has been mainly on revising questionnaire formats and developing a set of supportive evaluation tools for assessing change indicators.

Note: *The different ECD partner organizations have developed and implemented various M&E tools in the past on trial basis. The below summary is just a compilation of these tools not particularly in the chronological order of their development or implementation.*

☞ **Monitoring & Evaluation Tools – ISC**

Annexure #	Tool Description	Purpose	Limitations
1.1	Observation Checklist	<ul style="list-style-type: none"> ☞ For noting down the observations during home visits by the field staff ☞ The key topics for observations: hygiene, nutrition and health, special behavior changes among parents such as reduced / excessive abuse, new ideas for parenting, play patterns in child and participation or response by parents and other caregivers. 	<ul style="list-style-type: none"> a) The field staff unable to administer the checklist properly. b) The checklist questions were posed directly to the participants rather than engaging in informal discussions or noting down generic observations. c) The certain questions may not be applicable to a particular household / community, but the field staff lacked the capacity for a good judgment. d) The tool lacked graphic aid making it difficult for the participants to understand. e) The questions were long, detailed and complicated. f) It could not be administered during the different stages of the program cycle due to resource limitation in terms of field staff as well as availability of time. g) The change among parents is a gradual and slow process. It was difficult for the field staff to observe these changes with the help of only one observation checklist. h) Certain notes / observations mentioned by the field staff was more of an opinion rather than fact, so a lot of insignificant data was collected. i) The outcome of data analysis out of the observation checklist could not be utilized further for any other purpose. j) The intensity of the change i.e. frequency of change could not be measured. k) Limited scope for quantitative analysis or outcomes

Annexure #	Tool Description	Purpose	Limitations
1.2	Observation Visit Report Tool	For pre and post-analysis through comparison between the observations made by the field staff during home visits	<ul style="list-style-type: none"> a) Purely observations-based tool, but little scope in the program design for the field staff to note regular and detailed observations b) Open-ended and broad change categories for observation c) Too intensive and time-consuming, hence difficult to administer during every home visit
1.3	Pre and Post Test Questionnaire	For pre and post-analysis administered specially in a separate survey process	<ul style="list-style-type: none"> a) Difficult to administer due to complicated and lengthy questions b) The change among parents is a slow and continuous process, so administering the questionnaire twice i.e. before and after the program cycle was not enough. c) The home visits is the only scope for the field staff for observing and documenting change taking place among parents. d) The data analysis process has not been done meticulously for every cycle.
1.4	Focus Group Discussions (Pre-Test) + Survey Questionnaire (Post-Test)	Focus group discussions were mainly used for need identification for participants and program content customization and survey questionnaire was used mainly to identify the changes in practices related to	<ul style="list-style-type: none"> a) The field staff lacked necessary skills to conduct focus group discussions. b) The data analysis process has not been done meticulously, so nothing can be commented on the results obtained from this process.

	<p>parenting.</p> <p>The key topics covered in the FGDs: pre- and ante-natal care, delivery of child, breast feeding and parenting practices and misconceptions related to child care.</p>
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☞ **Monitoring & Evaluation Tools - Kshitij**

Annexure #	Tool Description	Purpose	Limitations
2.1	Structured Interview Questionnaire	For pre test analysis (2009-2010)	<p>a) The design of the questionnaire was structured; however the staff was expected to use it only as a guide for an unstructured interview.</p> <p>b) The questions were asked as multiple-choice questions leaving little scope for discussion and generation of generic information.</p>

2.2	Structured Interview Questionnaire – Upgraded version of 2.1	For pre as well as post test analysis (post - 2009-2010 and pre and post – 2010-2011)	a) The questions were updated based on the learning from the experience of 2.1 and the field staff was trained to administer the questionnaire, but still the information gathered was more of basic nature. b) The analysis of the information gathered was only for the purpose of quantitative analysis.
2.3	Family Profile + Questionnaire	For pre test analysis (2011-2012)	a) More qualitative information was gathered during the interview but the field staff found it too time-consuming to deliver it due to limited time available and more open-ended question.
2.4	Focused Group Discussion	For post test analysis (2011-2012) The key topics covered in the FGD:	a) The questions for the FGD were too generic, ambiguous and difficult to understand for the participants. b) The questions were facilitated without taking into consideration the limited comprehension capacities of the participants. c) Certain questions were completely out of context of real life scenarios and experiences of the participants. For example – ‘How would you describe yourself as parents?’
2.5	Family Profile + Questionnaire	For pre and post test analysis (2012-2013)	a) The questionnaire is lengthy and difficult for the field staff to administer. b) Most of the information gathered is observation-based. Considering the limited time available for the administering of the tool and also the nature of the observations, the findings are too inconclusive.

☞ **Monitoring & Evaluation Tools – Swadhar**

Annexure #	Tool Description	Purpose	Limitations
3.1	Evaluation Game – ‘Kaun Banega Krorepati? [‘Who would be the millionaire?’]	For evaluating the post-program attitudes and beliefs of the program participants towards parenting	<ul style="list-style-type: none"> a) The evaluation game was used only for post test purpose, so there was nothing to compare the findings with pre-test data. b) The game is a very interesting method, which received good participation from the parents, but it is difficult to conduct the game with all the groups due to limited time available and lack of enough space. c) The findings are limited to the analysis of only at the attitude level and cannot be traced further to be behavior change level.

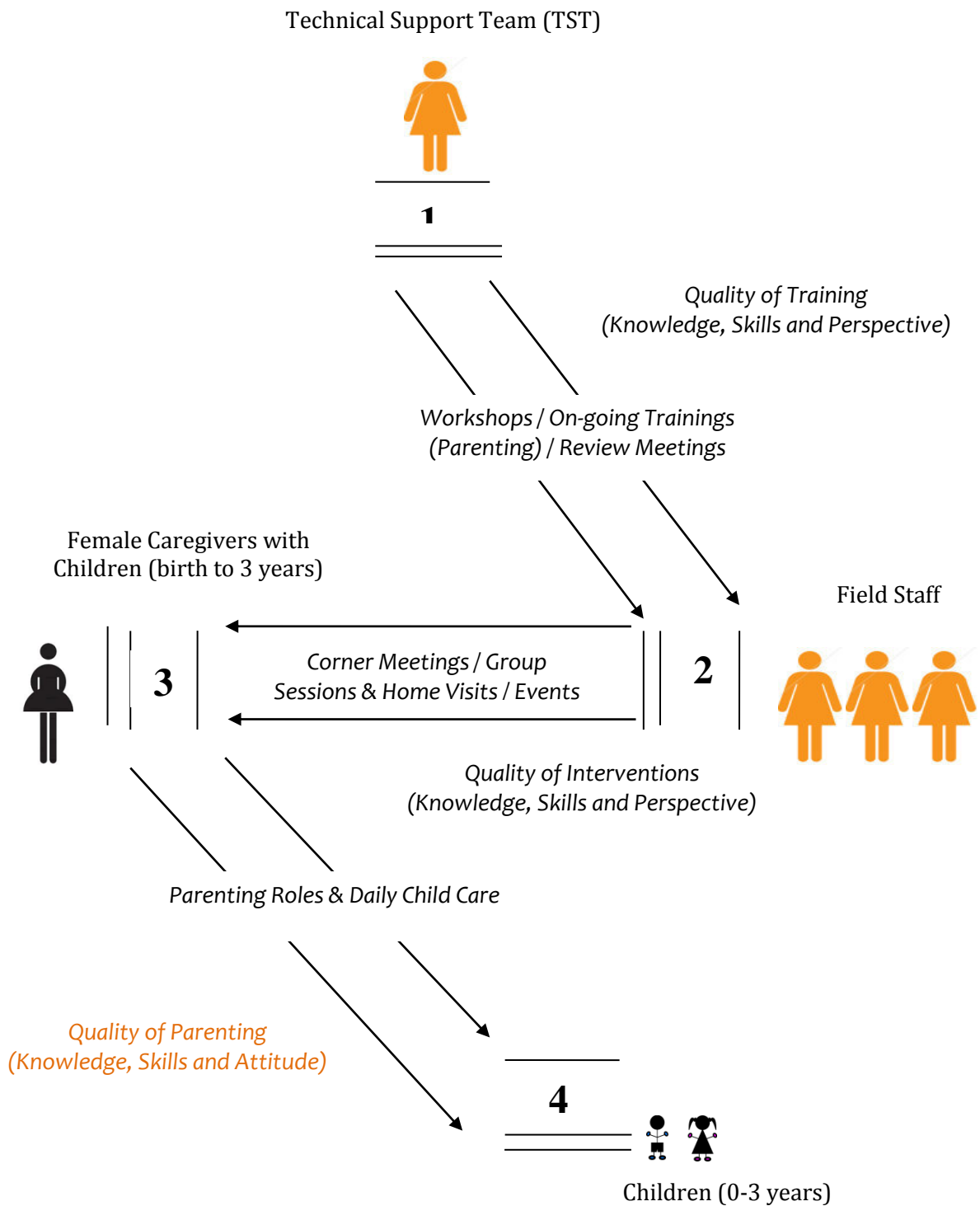
Current M&E Process - Challenges

The challenges in design, implementation and analysis of the current M&E tools could be summarized as follows:

- ☞ Each ECD partner organization insists on developing its own ECD monitoring and evaluation framework, as each organization's agenda, priorities and interests are different. The lack of a standardized M&E framework for ECD program results in duplication of efforts, money as well as time.
- ☞ The ECD objectives are long-term in nature, but the program design and interventions do not permit adequate time as well as opportunity to the field staff for observing the progressing changes in the target audience.
- ☞ The implementation strategies for the ECD program vary significantly w.r.t. each community, as the slum communities in Pune are quite diverse in terms of cultural differences such as language, ethnicity, caste, religion and so on. Hence the M&E tools also need to be developed suitable to the respective communities and also the ECD interventions implemented.
- ☞ Measuring the outcomes of a non-tangible service such as guidance always remains a challenge, as it is not an easily quantifiable service and measuring the quality of guidance provided needs lot of monitoring resources, which are not currently available.
- ☞ The capacities of the partner NGOs are quite limited for providing the ECD interventions, as most of the field staff is recruited from the community itself. The more emphasis has been so far on training of the field staff and improving the quality of ECD services provided. Moreover, the skills required for implementing monitoring and evaluation framework need to be developed furthermore.
- ☞ The limited resources in terms of time, money as well as trained staff would make it difficult to implement a full-fledged, elaborate and multi-level monitoring and evaluation framework at any given point of time.
- ☞ The field staff lacks essential data collection skills such as theoretical as well as practical knowledge about various data collection methods such as interviews, focused group discussion, etc. Also the limited articulation and documentation capacities of the field staff also puts lots of constraints on the data collected in the field.
- ☞ The management staff at the partner organizations expects that the field staff should contribute significantly to the data analysis process, in the same capacity as that of data collection. However limited analytical capacities of the field staff results in either prolonging the duration of the whole evaluation process or affecting the quality of data analysis outcomes negatively.
- ☞ The excessive focus on conducting detailed pre-evaluation results in extending the program cycle, which also affects the budget of the program.
- ☞ The work culture, organization structure, capacities of field staff and those of management staff vary greatly among ECD partner organizations. The location, size, composition, services available at each community level and the socio-demographic profile of the local population varies significantly for different ECD communities. This diversity makes it difficult to develop and implement a standardized monitoring and evaluation framework for the ECD program.

- ☞ The ECD program cycle has extended in the past from the pre-defined standard 6 months to 9 or 10 months due to various reasons at different partner organizations. This extension of the program cycle results in a substantial change in the circumstances at family level, which makes it very difficult to attribute the outcomes identified through the delayed monitoring and evaluation process as program outcomes.
- ☞ The monitoring and evaluation process focuses excessively on pre- and post-questionnaires. The absence of a significant number of other M&E tools results in not having enough data supportive to the findings from the questionnaires.
- ☞ Current M&E tools rely heavily on observations done by the field staff. This method is not reliable as the duration and frequency of interventions with the program participants is very limited resulting in inadequate scope for observations.
- ☞ The questionnaires developed so far are lengthy, ambiguous, irrelevant, difficult to simulate, leading, time-consuming and complicated for field staff to understand and to administer.
- ☞ The questionnaires have been designed so far only in Marathi language. The questions are formal, at times leading and ambiguous. The questionnaires do not take into account the low educational backgrounds and limited articulation skills of the target audience. These constraints result in various problems while administering the tools such as missing out on relevant information, excess of time in administering questionnaires, etc.
- ☞ The questionnaires have been mapped very stringently to curriculum modules and module objectives. As a result of this, the outcomes generated from the questionnaire are unable to capture a comprehensive picture of the program success.
- ☞ The current questionnaires focus on collecting a large scope of information related to parents as well as child such as socialization patterns of mother, development milestones history of child, mother's nutrition, etc. resulting in taking away the focus from the specific objectives of the ECD program.

Program Implementation Strategy



Considering the limited nature of resources available for the ECD program, the focus of this M&E framework is to investigate the change in the quality of parenting provided by primary female caregivers to their children after exposure to the ECD program. The change in the quality of parenting provided by female caregivers to their children would be measured on the basis of change in their knowledge, skills and attitudes related to their parenting roles. The fathers, male caregivers and other family members would be excluded from the scope of this M&E framework in order to develop limited but robust program effectiveness evidence.

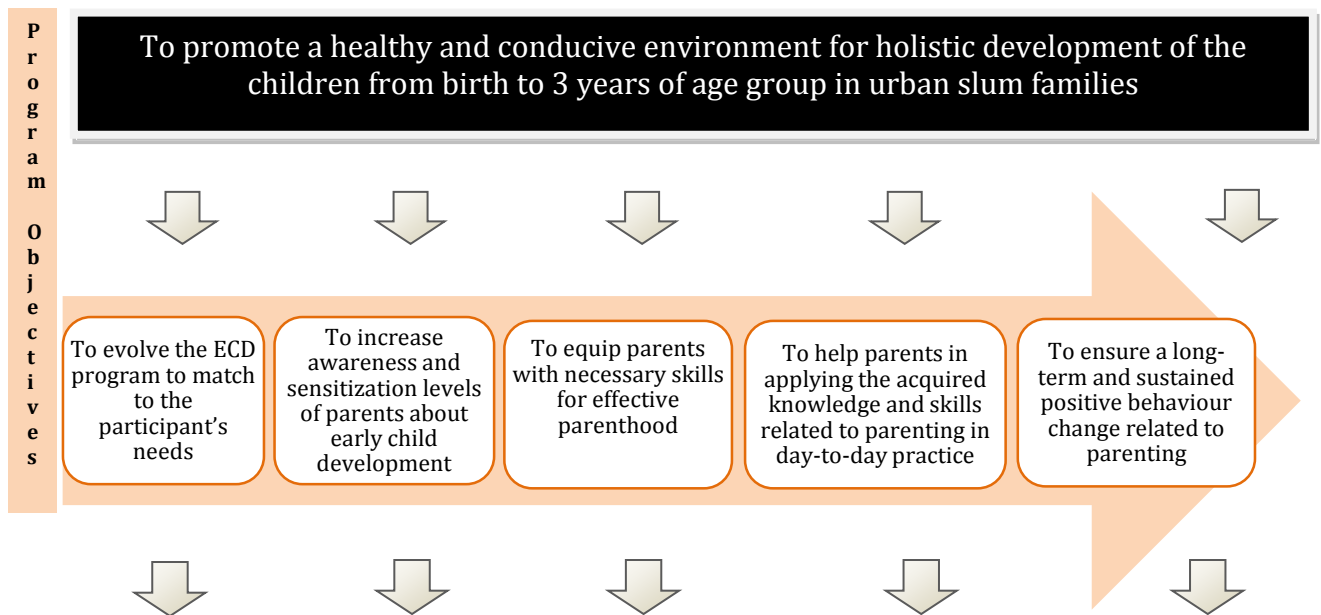
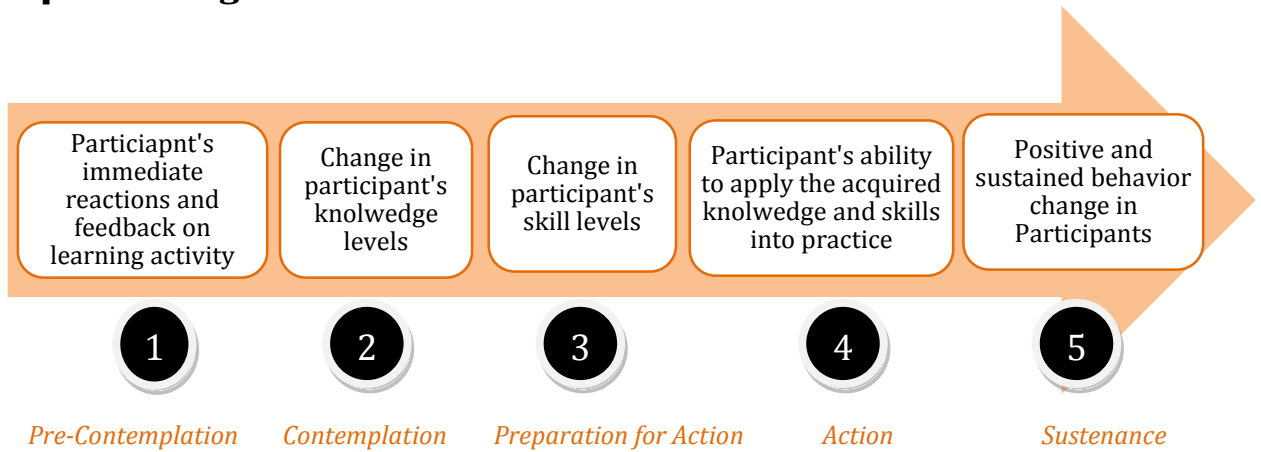
Theory of Change Framework

This framework is based on Theory of Change framework (Michau and Naker, 2003), which defines the different steps necessary to bring about a long-term goal, analyze the type of interventions used by the program to initiate change and also spell out the underlying assumptions indicating the program success, which can be tested and measured. This framework based on theory of change focuses primarily on what the program expects to achieve rather than what it is currently happening and helps to evolve understanding the process of how individuals can and actually initiate the change in their behavior.

Adult Learning involves a step-by-step process of raising awareness, improving individual knowledge and skills, applying the acquired skills and knowledge into practice and understanding how the practice can be improved on a regular basis and sustained for a long period of time. Therefore the outcomes of this program need to be evaluated at different levels, using different methods, at different times, with different sample groups and targeting different outcome indicators. The various stages of the change process in female caregiver participants of the ECD program based on change theory can be described as follows:

- STAGE I. *Pre-Contemplation*: The program participant is unaware about the issues related to their current parenting practices as well as its consequences for the child as well as self. At this stage, the individual is in a reactive mode and expresses the first-hand reactions to the program interventions. The participant could also provide feedback on program interventions, if constructively asked.
- STAGE II. *Contemplation*: The program participant begins to wonder if the issues discussed during the program relate to her life and how. As the participant's knowledge levels related to parenting improve due to program exposure, the participant starts to think about what needs to be done to deal with the issues discussed during the program affecting her life.
- STAGE III. *Preparation for Action*: The program participant is exposed to a variety of skills necessary for improving her parenting role. In this process, she develops confidence and intent to act on improving her parenting skills with the help of the information and opportunities to practice these skills.
- STAGE IV. *Action*: The program participant attempts to try out new and different ways of thinking and behaving. The participant develops ability to apply the acquired knowledge and skills related to parenting into day-to-day practice. During the stage, the participant is also willing to accept, to experiment and to evolve new ideas. This is the most pro-active stages, in which she takes all the necessary efforts to translate these newly acquired ideas into her day-to-day parenting behavior.
- STAGE V. *Sustenance*: The program participant recognizes the benefits of the resulting behavior change and decides to make this behavior change as a regular practice in future. The long-term practices slowly translate into habits and eventually into a positive and sustained parenting role.

Expected Program Outcomes



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<ul style="list-style-type: none"> ☞ Active and high level of participation in the program activities ☞ Positive Feedback on program content and design 	<ul style="list-style-type: none"> ☞ Increased awareness about needs of child ☞ Increased awareness about importance of responsible parenting for early childhood development 	<ul style="list-style-type: none"> ☞ Ability to identify the needs of child ☞ Ability to learn parenting skills and think of other creative and appropriate ways to respond to the child's needs 	<ul style="list-style-type: none"> ☞ Increased motivation levels to respond to the child's needs and take necessary actions ☞ Making available a wide range of useful and practical learning opportunities to the child for its holistic development 	<ul style="list-style-type: none"> ☞ Positive attitude towards parenting and child development ☞ Formation of stronger bonds between parent and child ☞ Ability to simulate acquired parenting knowledge and skills for future scenarios
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Mapping of Program Outcomes v/s Change Indicators

☞ **LEVEL 1: Participant's immediate reactions and feedback on learning activity**

The participant's immediate reaction to the program could be assessed based on their participation levels in the program as follows:

#	Expected Outcome	Change Category	Change Indicators
1	Active and high level of participation in the program activities	<i>Attendance</i>	<ul style="list-style-type: none"> ▪ Self-motivated ▪ After persistent reminders ▪ Avoiding by giving excuses
		<i>Group Level</i>	<ul style="list-style-type: none"> ▪ Very attentive ▪ Answering questions only after insistence ▪ Asking questions / doubts ▪ Sharing personal experiences or opinions ▪ Taking initiative in session activities ▪ Helping other participants in learning
		<i>Community Level</i>	<ul style="list-style-type: none"> ▪ Motivating other women in the community to join ECD sessions ▪ Helping field staff in organizing and managing sessions ▪ Sharing personal experiences of group sessions with future participants ▪ Joining ECD program as 'Sahyoginis'

The biggest challenge for the field staff in ECD interventions has been group formation and its sustenance i.e. ensuring that the formed group continues to attend the trainings sessions regularly throughout the program cycle. The most difficult task is to identify a common time for all the group members for the weekly sessions, as the group members face a number of personal constraints. It has been observed that the field staff generally goes beyond their capacities and develops innovative strategies to maximize the group members' attendance for group sessions.

Supportive actions by the field staff for improving attendance for group sessions:

1. Designing and adjusting the schedule of training sessions to match the participant's convenience and needs
2. Conducting the training sessions at participant's home or just outside her home at the doorstep, if she has restrictions on her mobility outside home
3. Changing the venue for the group sessions to unfamiliar but convenient locations in the same community, if the participants are feeling shy or embarrassed to participate in sessions in front of their family or community members
4. Convincing other family members on behalf of the program participant, if the family members are not permitting her to attend the sessions
5. Helping participants to overcome cultural or gender constraints such as purdah (veil), misconceptions regarding certain issues such as education for women or other customs
6. Repeating the information for a participant from the past sessions during home visits, if a participant has missed a session
7. Planning extra home visits for participants, who miss sessions due to personal constraints
8. Motivating other women participants in the group to share information from the past sessions with the participant, who has missed certain sessions

9. Helping the participant to ventilate her feelings about the issues affecting her attendance for group sessions and providing guidance, if possible
10. Referring the participants to other third-party organizations or groups to seek support for the issues which might be affecting her attendance

Participants' feedback about the quality of the program interventions provided can be measured with the help of following change indicators:

#	Expected Outcome	Change Category	Change Indicators
2	Positive feedback on program content and design	<i>Program Schedule</i>	<ul style="list-style-type: none"> ▪ Is the program schedule appropriate for the participants?
		<i>Subject Content</i>	<ul style="list-style-type: none"> ▪ To what extent does the subject content meet the needs of the participants?
		<i>Capacity of Facilitators</i>	<ul style="list-style-type: none"> ▪ How do the participants rate the capacities of the facilitators in delivering the program effectively?
		<i>Facilities</i>	<ul style="list-style-type: none"> ▪ Are the program facilities such as venue, timings, etc. satisfactory?
		<i>Tools</i>	<ul style="list-style-type: none"> ▪ Does the facilitator use effective methods for maintaining interest and delivering the subject content for meeting the program objectives in terms of attainment of desired knowledge, skills and attitudes?
		<i>Co-ordination</i>	<ul style="list-style-type: none"> ▪ Is the co-ordination of the program satisfactory?
		<i>Participants' Expectations</i>	<ul style="list-style-type: none"> ▪ What else could be done to improve the program to meet the participants' needs?

☞ **LEVEL 2: To increase awareness and sensitization levels of participants about early childhood development**

#	Expected Outcome	Change Category	Change Indicators
3	Increased level of knowledge related to child development for better identification of child's needs	<i>Physical</i>	<ul style="list-style-type: none"> ▪ Improved knowledge on the topics related to nutrition, safety, health, hygiene, etc. for holistic early development of the child
		<i>Emotional</i>	
		<i>Social</i>	
		<i>Mental [Cognitive and Language]</i>	
4	Increased awareness about	-	<ul style="list-style-type: none"> ▪ Increased level of motivation to identify the needs of the child for its holistic development ▪ Increased awareness about healthy and

	importance of responsible parenting for early childhood development		positive parenting practices for responding to the needs of the child
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☞ **LEVEL 3: To equip participants with necessary skills for effective parenthood**

#	Expected Outcome	Change Category	Change Indicators
5	Ability to identify needs of the child	-	<ul style="list-style-type: none"> Identifying the needs of child related to nutrition, safety, health, hygiene, etc. for holistic early development of the child
6	Ability to learn imparted skills and think of other creative and appropriate ways to respond to the child's needs	-	<ul style="list-style-type: none"> Learning and recreating the ideas and skills imparted during the program sessions to understand and respond to the child's needs Creating innovative, simple, cost-effective and healthy ideas helpful to the holistic development of the child

☞ **LEVEL 4: To apply the acquired knowledge and skills of participants related to parenting in day-to-day practice**

#	Expected Outcome	Change Category	Change Indicators
7	Increased motivation levels to respond to the child's needs and take necessary actions	-	<ul style="list-style-type: none"> Seeking guidance from third-party organizations / institutions / individuals on issues related to child development Developing innovative, simple, cost-effective and healthy tools useful for child development Building alternate social support systems for child care Creating equal opportunities for overall development for a girl as well as boy child Providing adequate support to the child to complete certain activities, in which the child might be facing difficulty Communicating with the child using interesting techniques such as singing songs, narrating stories, showing pictures, naming objects, playing games, etc. Showing interest in the child's activities by talking / listening to it, while continuing the

			<p>work</p> <ul style="list-style-type: none"> ▪ Motivating child to do simple tasks independently such as drinking, eating, etc. ▪ Taking initiative in sending the child to Anganwadis / Balwadis or other day care centers
8	<p>Making available a wide range of useful and practical learning opportunities to the child for its holistic development</p>	<p><i>Relationship</i></p> <p>Developing healthy and responsible relationship with the child</p>	<ul style="list-style-type: none"> ▪ Paying attention to the child, if it is crying or feeling irritated ▪ Informing the child before engaging child in any action or doing any action with the child ▪ Participating in play activities with the child actively ▪ Spending a good amount of time with the child ▪ Taking out the child out of home to public places such as markets, shopping malls, etc. ▪ Talking to a child in a language that it can understand easily ▪ Explaining the things properly and repeatedly to the child, if not understood first time ▪ Introducing the strangers to the child in cordial and comfortable manner so that the child doesn't feel anxiety due to fear of unknown ▪ Praising and appreciating any actions tried out or done first time by the child ▪ Smiling and talking to child in simple language and with gestures ▪ Engaging child in simple family activities like having meals, chatting, etc.
		<p><i>Health</i></p> <p>Practicing appropriate preventive as well as curative health practices to ensure holistic development of the child</p>	<ul style="list-style-type: none"> ▪ Avoiding immediate visits to doctor for minor health complaints by using home-based remedies ▪ Immunizing child with proper vaccinations as per prescribed schedule ▪ Allowing child to interact / play with neighbourhood kids for its social development ▪ Allowing the child to engage in certain free bodily movements like jumping, climbing, etc. ▪ Identifying and responding to certain behavioral issues in child such as attention seeking behavior ▪ Seeking guidance and support for the child with special needs ▪ Couples seeking guidance on family planning and taking necessary steps to keep the family size small enough to ensure quality care for the child ▪ Preparing first-aid boxes and home remedies kits at home for emergency use ▪ Making healthy lifestyle changes for child as well as all the family members to improve family's health ▪ Taking necessary precautions to avoid infections through contact (kissing), air (coughing or sneezing) or contaminated food or water ▪ Giving freshly prepared food to the child as much

		<ul style="list-style-type: none"> as possible
	<p><i>Safety</i></p> <p>Taking safety precautions to avoid any form of physical / emotional harm to the child</p>	<ul style="list-style-type: none"> Changing design and location of kitchen to keep the inflammable and harmful objects out of reach of child such as knives, gas stove, etc. Keeping the babies away from smoke from traditional stove or cigarettes Removing / rearranging house furniture to create safe space for child to play and move around freely and safely Checking expiry date of medicines before administering them to child Changing the location, height or length of child's cradle to ensure child's safety and comfort Reducing / stopping any form of corporal punishment towards child Reducing / stopping abusive behavior towards child Taking precautionary measures to keep the child away from harmful objects such as electric wires, phenol, disinfectants, medicines, etc. Ensuring that the child is always well-attended at home or while going out Wrapping the child in clothing appropriate to local weather conditions Avoiding any kind of physically harmful actions such as swinging the child in the air, pulling its cheeks, etc.
	<p><i>Nutrition</i></p> <p>Evolving healthy and affordable food and eating patterns for the child</p>	<ul style="list-style-type: none"> Consulting with the field staff for identifying a healthy and balanced diet plan for the child as per its developmental needs Giving food to the child as per the diet plan (frequency, quantity, variety as well as quality) Inculcating healthy eating habits in the child such as mixing food, eating on its own, chewing food properly, etc. Preparing nutritious and healthy home-made food for the child Cooking fresh food two times a day for the child, if possible Not buying / motivating the child not to buy junk food items from outside Changing the food preparation and eating habits for all the family members to match child's nutritional needs
	<p><i>Hygiene</i></p> <p>Ensuring cleanliness and personal hygiene for</p>	<ul style="list-style-type: none"> Maintaining cleanliness and hygiene inside as well as outside home Ensuring that child doesn't eat any harmful substance such as soil, chalk, etc. Storing food items in closed containers Ensuring special hygiene for the items used for

		child as well as self	child such as milk bottles, utensils, clothes, toys etc. <ul style="list-style-type: none"> ▪ Ensuring cleanliness for the child as well as self e.g. – regular bathing, changing clothes after bathing or toilet ▪
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☞ **LEVEL 5: To ensure a long-term and sustained positive behavior change related to parenting in the participants**

#	Expected Outcome	Change Category	Change Indicators
9	Positive attitude towards parenting and child development	-	<ul style="list-style-type: none"> ▪ Considering parenthood as an enjoyable experience and not just a responsibility ▪ Developing innovative ideas to provide ample of favorable and encouraging opportunities for the holistic development of the child
10	Formation of stronger bonds between parents and child	<i>Parent Level</i>	<ul style="list-style-type: none"> ▪ Taking out some time for playing and talking with the child ▪ Enjoying the time spent with the child ▪ Taking interest in all the activities done by the child ▪ Giving prompt response to any negative emotion expressed by the child for e.g. distress, anxiety, fear, etc. ▪ Taking interest in routine care-giving activities like bathing or feeding and giving personal attention to them
		<i>Child Level</i>	<ul style="list-style-type: none"> ▪ Enjoying the time spent with the parent ▪ Feeling safe and secure in the presence as well as in the absence of parents ▪ Explore the environment freely and take advantage of opportunities provides to learn new skills
11	Ability to simulate acquired parenting knowledge and skills for future scenarios	-	<ul style="list-style-type: none"> ▪ Using similar or improved technique or skills for parenting of the future children without / with negligible support ▪ Simulating the same or similar knowledge and skills of parenting for the children more than 3 years ▪ Seeking guidance / help from the ECD staff for the care of younger / older children

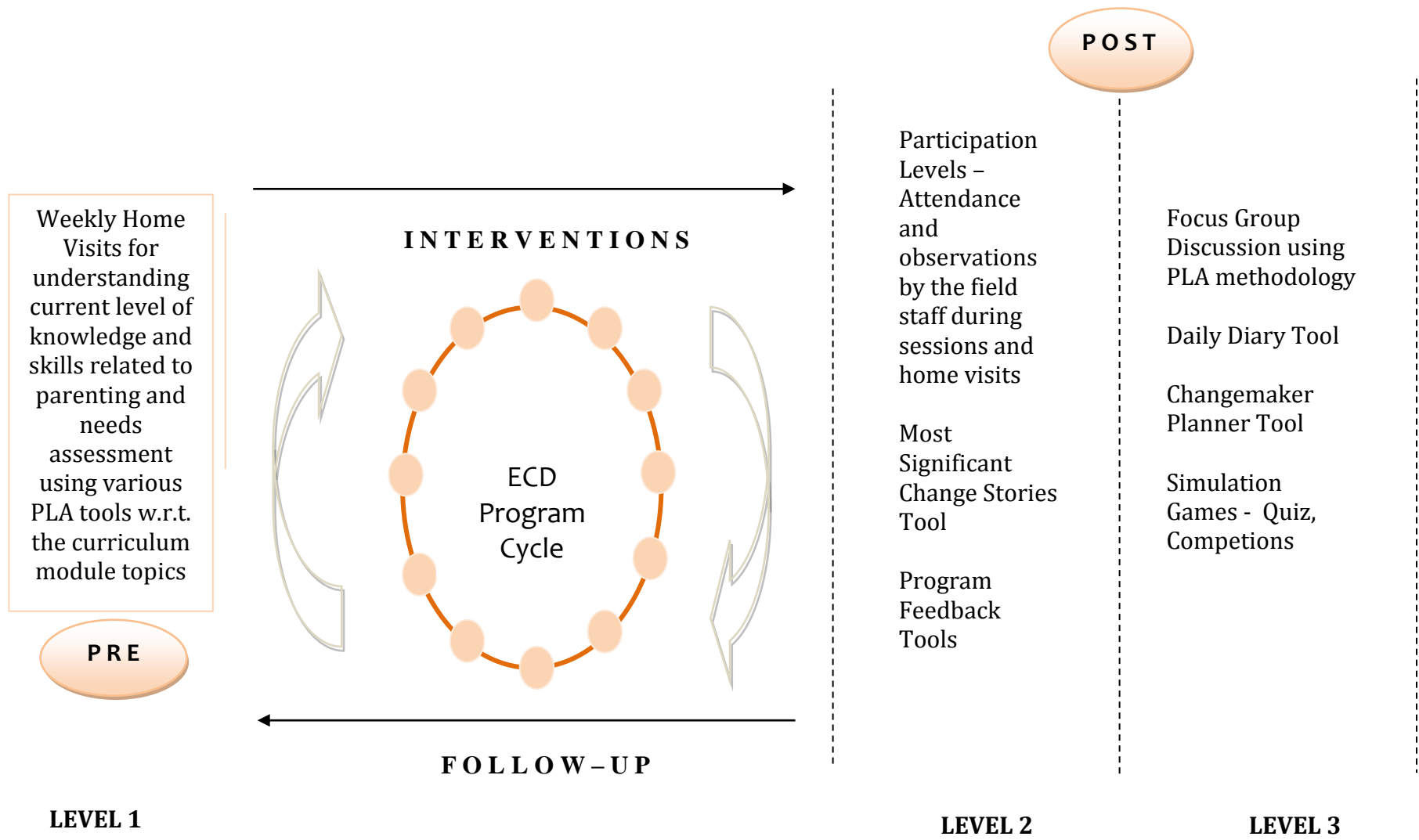
☞ **Unexpected Program Outcomes**

During the on-going monitoring and evaluation process of the ECD program's interventions, following change indicators have been observed by the field staff, which were not anticipated before or during implementation of the program but could be attributed due to the program.

- ☞ Improved relationship between child, father and other family members
- ☞ Increased levels of confidence among parents in dealing with issues related to child care
- ☞ Increased and active participation of fathers in child care

- ☞ Increased sharing of parenting responsibilities between mother and father through mutual discussion and agreement
- ☞ Asking for extra reading / reference material related to child care from the ECD field staff
- ☞ Seeking guidance / support from ECD field staff on issues related to ECD not covered in group sessions
- ☞ Recommending the program to their male / female friends or acquaintances from the community
- ☞ Increased mobility outside home for female caregivers
- ☞ Taking initiative to seek guidance / support from the sources other than ECD
- ☞ Sharing the acquired knowledge and skills related to parenting and child development with other family members, relatives, friends and neighbors
- ☞ Distributing photocopies of the reference material of ECD sessions among family members, relatives and neighborhood
- ☞ Dealing constructively with other family issues such as addiction or domestic violence, which may be impacting the quality of parenting
- ☞ Applying the commonly applicable child care practices to other children at home [more than 3 years old]
- ☞ Providing equal opportunities for development to all children in the family irrespective of their age, biological sex or any other reason

Monitoring & Evaluation Framework - Process Map



Monitoring & Evaluation - Methodology

The M&E framework for ECD program would be largely based on Participatory Learning & Action (PLA) methodology. PLA is an action-based research methodology, which combines an overgrowing toolkit of participatory and visual methods with traditional interviewing techniques and encourages diverse stakeholders of a program to engage in cycles of research, co-analysis, reflection and evaluation together over a longer period of time. PLA serves to an effective monitoring and evaluation methodology as it helps people to express their ideas, opinions, perspectives, etc and identify, prioritize and appraise the issues from their knowledge of local conditions. The key reasons for selecting PLA methodology for monitoring and evaluation framework of ECD program:

- ☞ The key beneficiaries of the ECD program come from low educational background and lower socio-economic status. Their availability for the program is also constrained largely due to a wide range of responsibilities – inside as well as outside home. Hence the complex data collection methods such as focused in-depth interviews may prove to be difficult in terms of participants' availability and ability to articulate and share their experiences and opinions. The PLA tools are simple and hence less time-consuming would help the program participants to voice out their views more effectively.
- ☞ The participatory tools, which are generally a mix of visual and verbal techniques, are easier to understand and to respond to. Through different visual and verbal clues in the tools, the participants can share their experiences easily and can also take part in complex analyses regardless of age, gender, culture, literacy level and socio-economic status.
- ☞ The PLA tools tend to be more fun and inclusive of every participant in the group. Considering the varied nature of backgrounds of female caregivers in the community, the PLA tools would succeed in engaging with every mother in the evaluation process without much modifications and collect large amount of data in shorter period of time.

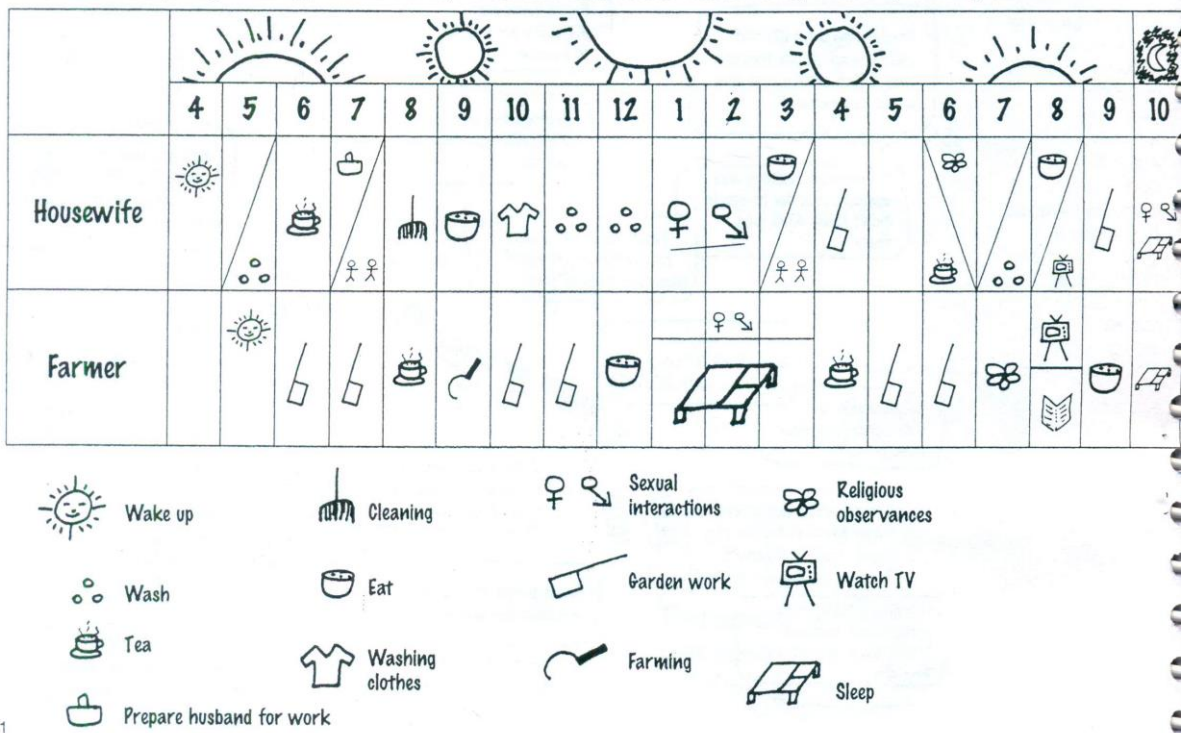
Monitoring & Evaluation – Tools

LEVEL 1: Pre-Test M&E Tools

To understand pre-program level of knowledge and skills related to parenting and needs assessment using various PLA tools w.r.t. the curriculum module topics

☞ Daily Activity Charts Tool

Daily activity chart tool shows how people spend their over the course of a day i.e. daily chores as well as leisure time. This tool can be used to understand how the program participants as well as their partner is spending their daily time to assess how much time has been kept specifically for the child care and parenting responsibilities.



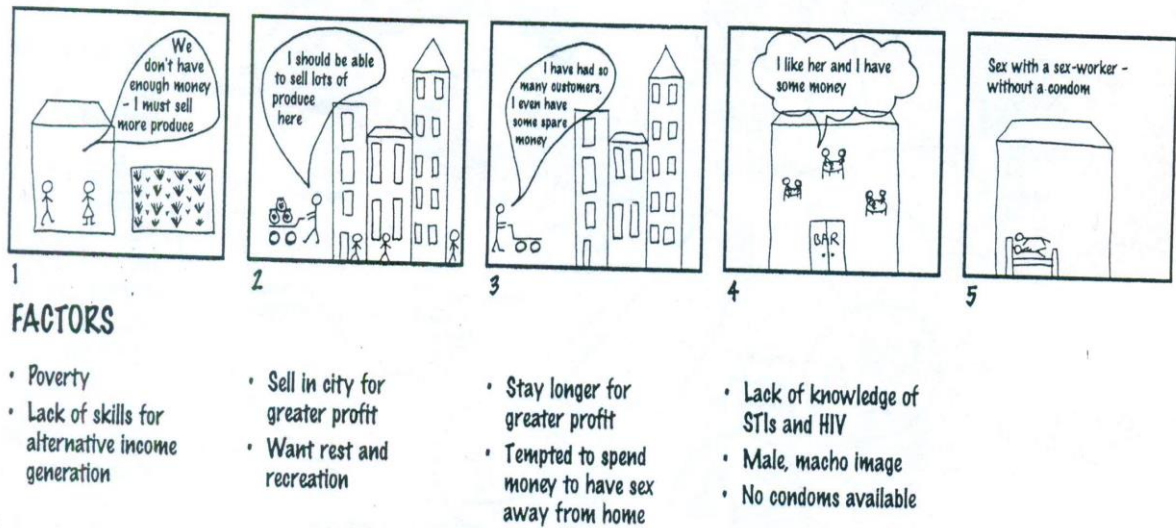
☞ Written Quiz Tool

Written quiz is a simple traditional pencil-and-paper quiz, which includes a set of questions related to the guidance or training provided to the participants in order to validate the participants' knowledge on the focus topic. As the participants may or may not comfortable with writing subjective answers, this tool would have a set of questions with multiple-choice or right-wrong or agree-disagree format, so that the participants are able to give much more information is less amount of time and efforts for evaluation. The objective nature of the questions and answers administered through this tool may lead to participants providing only the diplomatically correct answers or answering through guesswork. Hence the usage of this tool should be kept limited to measuring only the acquired knowledge of the participants. The tool would not be used for evaluating the participants' skills achieved or attitudinal changes.

☞ Story with a Gap Tool

This involves telling a story to the program participants about parenting scenarios and understands their reactions to assess their current attitudes and beliefs towards early childhood

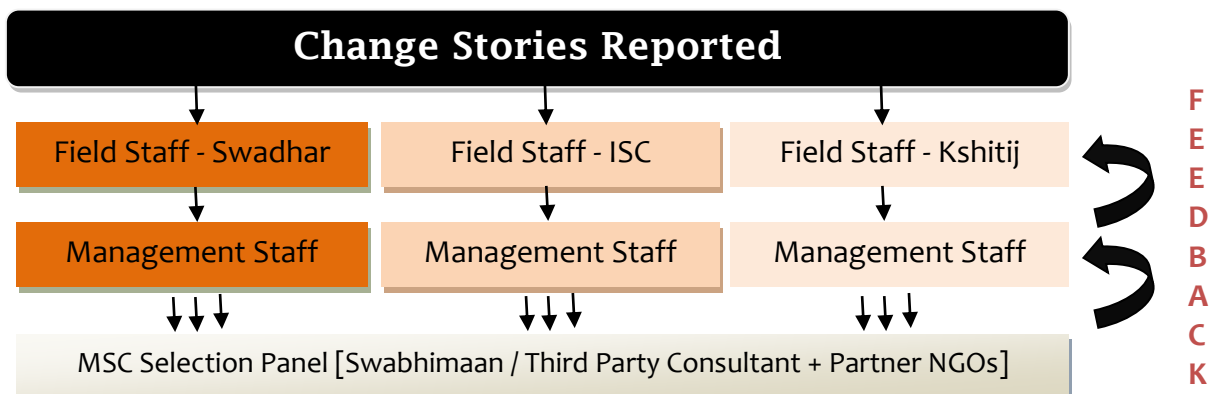
development. This tool provides a visual and non-threatening way to explore various sensitive scenarios related to child care such as neglect, abuse, helps the participants to understand what leads a person to make certain decision or behavior, identifies what choices people have and the factors that affect those choices and helps the participants to make more positive choices.



LEVEL 2: Post-Test M&E Tools

☞ Most Significant Change Tool

The Most Significant Change (MSC) is a participatory technique for monitoring and evaluation of a program, which occurs throughout the program cycle and provides help for improving the program management as well as for assessing the program performance as a whole. MSC is designed for identification and analysis of qualitative changes taking place in the lives of the program beneficiaries. The technique is useful in monitoring the changing trends reflecting the outcome of the program within a given timeframe. This tool is generally used for exploring what people think about the change that has taken place and which changes have not been predicted by the program but still have taken place.



Why MSC?

1. ECD program focuses on improving the parenting skills of mothers having children in the age group of birth to 3 years. The information and skills imparted to mothers during the group sessions and other community-level event focuses on key aspects related to their

- parenting roles, however the guidance provided during home visits covers a wide spectrum of issues related to parenting. Hence the changes that may be taking place are very slow or not easy to observe, as the field staff gets very limited opportunity to interact with the participants during or between the program sessions.
2. This tool also helps to ensure, if anything has changed among the participants, then it is primarily due to project activities and not any other unrelated events.

LEVEL 3: Post-Test M&E Tools

☞ Focus Group Discussion using PLA methodology

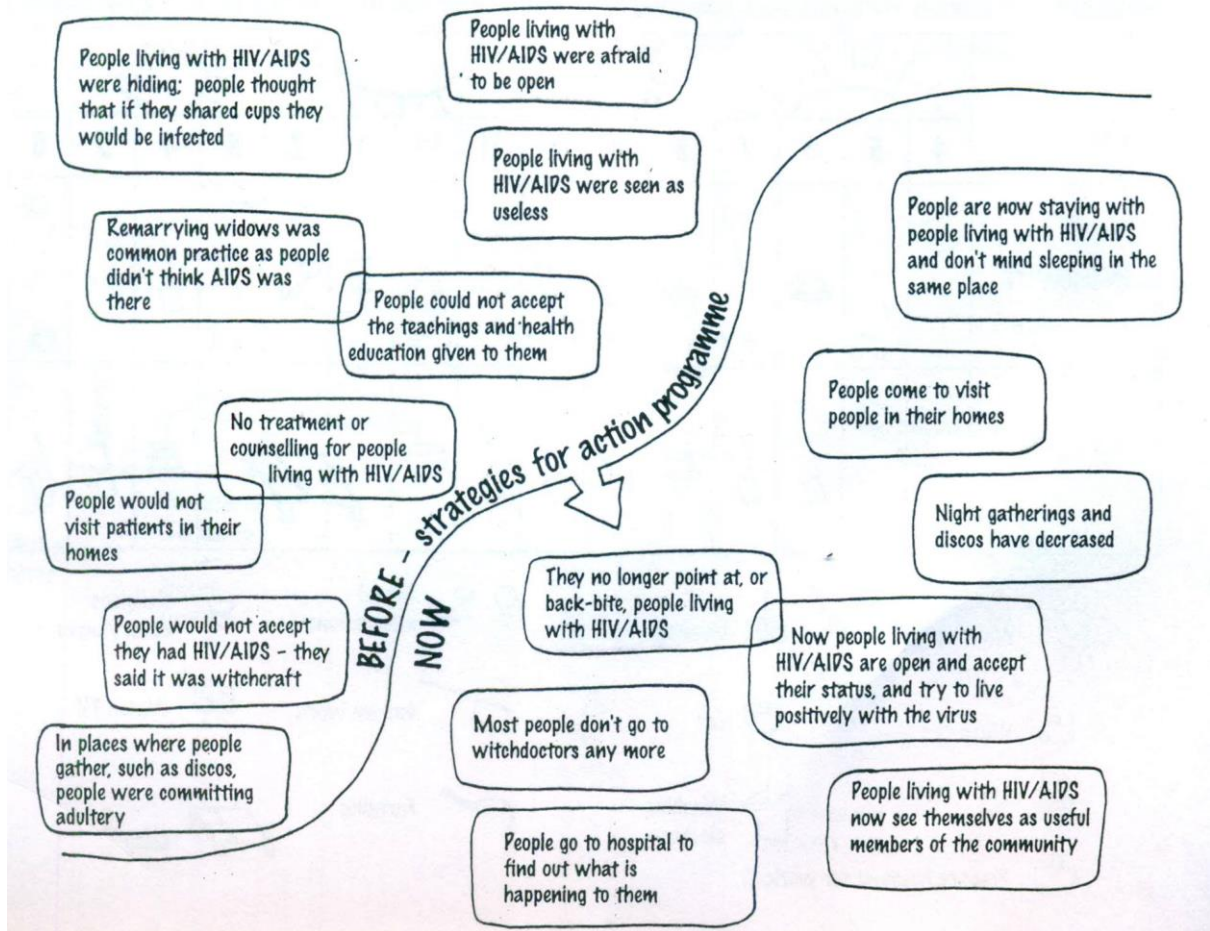
This tool is administered with the help of 4 or 5 pre-set questions to encourage discussion among the participants. The focus group is usually made up of 6 to 10 individuals who are quite homogenous in terms of social status, sex, age, education levels, exposure to the program, etc. The tool is very helpful in generating a lively and non-threatening discussion to identify the feelings and understanding of the different groups about any topic and also to learn from each other's experiences and problems. The focus group discussions also help in creating a group spirit among the participants, which could be later converted into support groups at the community level after the program phases out from the community. It is important to remember that the questions should be non-threatening, easy to understand, open-ended, clear and precise. The questions work only as a pointer for the discussion and should lead to the other related questions being asked either by the participants themselves to each other or by the facilitator. The discussion should be either recorded or documented immediately to avoid loss of information.



The following PLA tools could be used for the Focus Group Discussion:

➤ *Before and Now Diagram Tool*

This diagram is used to show the change, which has occurred due to any program intervention among the participants. This is generally useful for exploring change over time in a particular situation and the reasons for change, exploring the consequences of the program and exploring how the program interventions have affected different participants differently.



➤ *Graffiti Wall Tool*

This tool involves participants decorating a wall by writing or drawing their opinions, experiences, feelings, ideas, issues experienced during the program sessions and also the changes they feel have taken place at their level as well as family level. This tool is very interesting, entertaining as well as creative way of understanding participants' post-program attitudes and behaviors. It helps the participants to express their feelings freely and openly, so it is important for the facilitator to create a safe space where the participants will not be judged by what they express.



◆ *Card Sorting Tool*

This tool can be used to assess the participants' current knowledge, skill as well as practices related to parenting. The participants selected for this activity are provided with different images, which cover a wide range of different good and bad practices or behaviors related to parenting. The participants, formed in the groups, are asked to sort the cards in the practices, which they think are supportive or detrimental to good child care and which they have started practicing on daily basis or are currently avoiding. In this tool, allow the participants to come up with their own categories, if they can.

◆ *Roles and Responsibilities Tool*

This tool can be administered to understand if there has been any change in the parenting roles between the parents, and if yes, how. This tool would help specifically to understand how the male partners of the participants are engaging in the parenting responsibilities towards the child and also if the other family members are contributing or helping the mothers to provide better child care for the children exposed to the program.

◆ *Agree – Disagree Game Tool*

This tool involves playing a game with the participants, in which the participants are read out loudly different statements related to parenting practices and ask the participants to express if they agree or disagree with the statements. If the participants agree with the statements, then ask them to either draw / give signal or say 'agree' or vice-a-versa. In this game, it is important to choose the statements for which the participants could have different opinions. Also it would be helpful for the assessment, if the answer - 'agree' or 'disagree' - given by the participants is also justified with a proper explanation by them i.e. why they agree or disagree.



☞ Daily Diary Tool

This tool can be used to understand the change impact among the participants due to the program by keeping track of their daily parenting related practices. For administering this tool, provide the participants with a small diary with dates on it. The participants are trained to note down their daily parenting practices, experiences, problems, identified solutions and anything related to child care and parenting they wish to share with the facilitator. The facilitator monitors these diaries on regular basis to ensure that the participants are noting the data properly as well as continuously. During these visits, it is important to also assess the participants' notes are in alignment with the general observations done by the facilitator. This tool can be administered for a specific period, as per the needs and availability of resources.

☞ Changemaker Planner Tool

It has been commonly observed that different interventions in development projects equip the beneficiaries with required knowledge and skills to motivate them to change their perspective and attitude in achieving the program objective. However, the effective interventions may motivate participants to bring change in their attitudes, the participants may not be able to identify and undertake the necessary actions or even if they identify the required actions, they may not be able to follow the action plan without some guidance. The Changemaker planner tool has been designed to guide participants on some ideas that may get them started in bringing out change in their day-to-day lives and help them to keep track of these proposed actions and convert them into sustainable behavior patterns.

Example of Changemaker planner tool -



Note: *The images used in the section – ‘M&E Tools’ are only for reference purpose and have been loaned from other published sources. The images will have to be changed with the tools generated for ECD program later.*